

Substitute for Form PTO-1390		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371	ATTORNEY'S DOCKET NUMBER 1015282-000069 U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/553,863
INTERNATIONAL APPLICATION NO. PCT/JP2004/005419	INTERNATIONAL FILING DATE 15 April 2004 (15.04.2004)	PRIORITY DATE CLAIMED 22 April 2003 (22.04.2003)	
TITLE OF INVENTION ANTENNA DEVICE WITH CAPACITANCE-OPERATED SENSOR			
APPLICANT(S) FOR DO/EO/US TSUKAHARA, Makoto; SAKAI, Toshihiko; YAGI, Wataru; IEDA, Kiyokazu; and MARUYAMA, Kota			
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:			
1. <input type="checkbox"/> This is a FIRST submission to items concerning a filing under 35 U.S.C. 371. 2. <input checked="" type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below. 4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31). 5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).			
Items 11 to 21 below concern document(s) or information included:			
11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input type="checkbox"/> A FIRST preliminary amendment. 14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A change of power of attorney and/or address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: <u>Supplemental Application Data Sheet</u>			

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<p>21. <input type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: _____</p> <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">Basic Filing Fee (1631)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4">Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than _____ months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td style="text-align: center;">CLAIMS</td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> <td style="text-align: center;">RATE</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$50.00 (1615)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">-3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: right;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: right;">+ \$200.00 (1633)</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: right;">+ \$400.00 (1632)</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td style="text-align: right;">+ \$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">SUBTOTAL =</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 (1618) for furnishing the English translation later than _____ months from the earliest claimed priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Amount to be refunded :</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">charged :</td> </tr> </table> <p>a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input checked="" type="checkbox"/> Charge <u>\$ 130.00</u> to credit card. Form PTO-2038 is attached.</p> <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p>	Basic Filing Fee (1631)				\$ 0.00	Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than _____ months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30				\$ 130.00	CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	Total Claims	-20 =	0	x \$50.00 (1615)	\$ 0.00	Independent Claims	-3 =	0	x \$200.00 (1614)	\$ 0.00	MULTIPLE DEPENDENT CLAIM(S) (if applicable)				+ \$360.00 (1616)	Examination Fee				+ \$200.00 (1633)	Search Fee				+ \$400.00 (1632)	App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)					TOTAL OF ABOVE CALCULATIONS				\$ 130.00	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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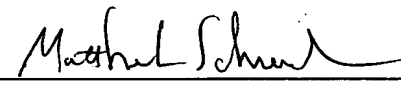
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130.00 DP

SEND ALL CORRESPONDENCE TO:

Buchanan Ingersoll PC
Including attorneys from Burns, Doane, Swecker & Mathis
P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620



SIGNATURE

Matthew L. Schneider

NAME

32,814 June 7, 2006

REGISTRATION NO. DATE